

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.
10718729
APPLICANT(S)

CLAIMS (DATE)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5		1				
6		2				
7		2				
8	1					
9		1				
10		1				
11		1				
12		1				
13		1				
14		2				
15		2				
16	1					
17		1				
18		1				
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23		2				
24	1					
25	1					
26		1				
27		1				
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TOTAL IND.	5					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						